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# **From Practice - For Practice**

## **SUDECK'S Syndrome**

**by Konrad Werthmann M.D.**



In the year 1900 the Hamburg surgeon P. Sudeck first described a calcium deficiency of the bones following bacterial infections and injuries to the limbs. In the meantime we have come to realise that the spectrum of causes is substantially wider-ranging. This syndrome can be classified both as a neurological affection of the joints and also as a circulatory osteopathy.

Sudeck's syndrome is also known as sympathetic reflex dystrophy, algodystrophy or CRPS (complex regional pain syndrome), and by definition it is a polyaetiological, multifactorial pain syndrome, which occasionally develops after surgery, fractures, distortions or blows from blunt instruments, or maybe also following inflammatory processes, or painful neurological illnesses, affecting bones and soft tissues distal from such lesions.

This painful disease - of an extremity, for instance - may rarely also occur spontaneously. A probable aetiology of the syndrome is some local circulatory irregularity arising from neuronal involvement and local metabolic disorders, which always result in atrophy of the bones.

As a consequence of the above-described illnesses a neurogenous osteo- and arthropathy develops, which progresses through three stages.

- Stage I is characterised by acute inflammation with dysfunction of the sympathetic nervous system. Admittedly the clinical signs often are barely characteristic: slightly

oedematous swelling of the peripheral limbs, finally resulting in radiating pains and sensitivity disorders, with the tissues being sensitive to pressure. Eventually the patient adopts a relieving posture, and this is followed by muscular atrophy and decalcification of the bones in patches.

- Stage II is characterised by chronic dystrophies. The metabolism is reduced with cyanosis and atrophic leioderma, leading to muscular atrophy and rigidity in the joints.
- Stage III: weeks and months later the changes result in irreversible atrophies. Fortunately not every patient reaches Stage III.

### **Treatment**

In the acute stage movement exercises are contra-indicated; indeed it is better to rest with the extremities elevated. At this point one should begin heat treatment and possibly cautious movement exercises. Later on, because of possible contractions, active physiotherapeutic measures are required.

### **SANUM treatment**

The emphasis is on anti-inflammatory, vasodilatory treatment; therefore begin with:

- 1) ALKALA N ½ a medicine-spoonful twice a day - always dissolved in warm water, to be drunk in the morning and evening

on an empty stomach - and CITROKEHL, 5 drops twice a day. With this, Vitamin B Complex SANUM 1-2 times a week, 1 ampoule of 2.0 ml injected i.m. throughout the whole duration of treatment, plus

- 2) NOTAKEHL 5X 1 tablet twice a day for 2 weeks, then switch to
- 3) MUCEDOKEHL 5X in the morning and at midday, 10 drops each time, and in the evenings 10 drops SANKOMBI 5X. Please always follow the pattern 5-2-5-2- (=Mon. - Fri. MUCEDOKEHL/SANKOMBI, and at the weekend NOTAKEHL).
- 4) Together with MUCEDOKEHL, start on LEPTUCIN 6X capsules, 1 caps. 3 times a week and UTILIN 6X 5 drops 3 times a day.

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